

STATEMENT OF ACCOUNTS - COMMISSION AGENTS

NAME OF INSURANCE COMPANY: _____

FOR PERIOD FROM TO

Revenue \$ Box 1
 (Gross Commission Received)

Less: **ALLOWABLE BUSINESS EXPENSES**
(please refer to the section on "Claiming of deduction on non-deductible expenses" to ensure that you do not claim any non-allowable expense)

- Advertisement
- Phone, Pager Charges
- Stationery, Postages, Printing of Name Cards
- Public Transport (MRT, Taxi or Bus)
- Entertainment
- Gifts and Greeting Cards
- Other Running Expenses:
(please indicate the nature and breakdown below)
- i) _____
- ii) _____
- iii) _____
- iv) _____

Total Allowable Business Expenses Box 2

ADJUSTED PROFIT/(LOSS) Box 3
 Box 1 less Box 2

SUMMARY			
<i>Amounts to be declared in Internet Filing / Income Tax Form:</i>			
4-line Statement			
Revenue (Total Sales/Income)	(Box 1)	<input type="text" value="0.00"/>	
Gross Profit/Loss	(Box 1)	<input type="text" value="0.00"/>	
Allowable Business Expenses	(Box 2)	<input type="text" value="0.00"/>	
Adjusted Profit/(Loss)	(Box 3)	<input type="text" value="0.00"/>	

I certify that the information given in this statement is true and correct.

Name of taxpayer: _____

Signature : _____

Identification Number: _____

Date: _____

Contact Number: _____